

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE

RODRIGUEZ MURIEL, YADIRA
xxx-xx-5418

DEBTOR

* BKRTCY. NO. 22-02743/EAG
*
*
* CHAPTER 13
*

DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J"
OFFICIAL FORM 106I & 106J

TO THE HONORABLE COURT:

COMES NOW, YADIRA RODRIGUEZ MURIEL, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The Debtor is hereby submitting *Amended Schedules "I" and "J"*, dated October 24, 2022, herewith and attached to this motion.

2. The amendment to *Schedule "I"* is filed to include the Debtor's Christmas Bonus and the *Amended Schedule "J"* is filed to inform the Debtor's actual expenses, in the above captioned case.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and to all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtor and to all creditors and interested parties appearing in the master address list (CM/ECF non-participants), hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 24th day of October, 2022.

/s/Roberto Figueroa Carrasquillo
USDC #203614
RFIGUEROA CARRASQUILLO LAW OFFICE PSC
ATTORNEY FOR the DEBTOR
PO BOX 186 CAGUAS PR 00726
TEL NO 787-744-7699; 787-963-7699
Email: rfc@rfigueroalaw.com

Fill in this information to identify your case:

Debtor 1 YADIRA RODRIGUEZ MURIEL

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number 3:22-bk-2743
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status*	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>Office Worker</u>	<u>See Schedule Attached</u>
	Employer's name	<u>Corp del Fondo del Seguro del Estado</u>	
	Employer's address	<u>PO Box 365028</u> <u>San Juan, PR 00936-5028</u>	
	How long employed there?	<u>26 years</u>	

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 4,075.00	\$ 1,710.67
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 4,075.00	\$ 1,710.67

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 4,075.00	\$ 1,710.67
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 327.72	\$ 117.19
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 10.18	\$ 20.81
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 24.00	\$ 0.00
5h. Other deductions. Specify: Retiro	5h. \$ 346.38	\$ 0.00
Aport Emp Cta Ahor AEELA	\$ 122.26	\$ 0.00
Pres Asoc Empl Ela	\$ 0.00	\$ 0.00
Fed FICA Med Hospital Ins/EE	\$ 0.00	\$ 23.84
GPR Plan Aport Definidas	\$ 0.00	\$ 121.22
AE-Asoc Emp ELA Prest Regular	\$ 0.00	\$ 49.10
Ahorros AEELA	\$ 0.00	\$ 42.78
AE-Asoc Emp ELA-Prest Regular	\$ 0.00	\$ 35.06
SM First Medical Health Plan	\$ 0.00	\$ 66.66
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 830.54	\$ 476.66
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,244.46	\$ 1,234.01
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: Christmas Bonus \$600/12	8h. \$ 50.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 50.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,294.46	\$ 1,234.01
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 4,528.47	
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: NONE		

Debtor 1 **RODRIGUEZ MURIEL, YADIRA**

Case number (if known) **3:22-bk-2743**

Official Form B 6I
Attachment for Additional Employment Information

Spouse	
Occupation	Office Worker
Name of Employer	Departamento de Salud
How long employed	5 years
Address of Employer	Antiguo Hospital Psiquiatrico Rio Piedras, PR 00936

Spouse	
Occupation	Office Worker
Name of Employer	Departamento de Salud (Dif Tem)
How long employed	5 years
Address of Employer	Antiguo Hospital Psiquiatrico Rio Piedras, PR 00936

Fill in this information to identify your case:

Debtor 1 YADIRA RODRIGUEZ MURIEL

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN
DIVISION

Case number 3:22-bk-2743
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

17

☐ No

☒ Yes

Son

15

☐ No

☒ Yes

Daughter

13

☐ No

☒ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 665.92

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 40.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	728.58
6b. Water, sewer, garbage collection	6b. \$	399.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	397.86
6d. Other. Specify: <u>Gas (dryer & stove)</u>	6d. \$	44.00
7. Food and housekeeping supplies	7. \$	794.78
8. Childcare and children's education costs	8. \$	583.33
9. Clothing, laundry, and dry cleaning	9. \$	55.00
10. Personal care products and services	10. \$	89.00
11. Medical and dental expenses	11. \$	123.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	178.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	45.00
14. Charitable contributions and religious donations	14. \$	120.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	0.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
16. \$		0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
18. \$		0.00
19. Other payments you make to support others who do not live with you.		
19. \$		0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____	21. +\$	0.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	4,263.47
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	4,263.47
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,528.47
23b. Copy your monthly expenses from line 22c above.	23b. -\$	4,263.47
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	265.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain here: NONE		

Fill in this information to identify your case:

Debtor 1 YADIRA RODRIGUEZ MURIEL
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number 3:22-bk-2743
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ YADIRA RODRIGUEZ MURIEL
YADIRA RODRIGUEZ MURIEL
Signature of Debtor 1

Date October 24, 2022

X _____
Signature of Debtor 2

Date _____

Label Matrix for local noticing
0104-3
Case 22-02743-EAG13
District of Puerto Rico
Old San Juan
Thu Oct 20 13:51:09 AST 2022

(p)ASOCIACION DE EMPLEADOS DEL ELA
ATTN IRITZA ORTIZ ECHEVARRIA
PO BOX 364508
SAN JUAN PR 00936-4508

Departamento de Hacienda
PO Box 9024140
San Juan, PR 00902-4140

MONSITA LECAROS ARRIAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

POPULAR AUTO LLC
PO BOX 366818
SAN JUAN, PR 00936-6818

Banco Popular de Puerto Rico
Mortgage Servicing Department
PO Box 362708
San Juan, PR 00936-2708

POPULAR AUTO
BANKRUPTCY DEPARTMENT
PO BOX 366818
SAN JUAN PUERTO RICO 00936-6818

ROBERTO FIGUEROA CARRASQUILLO
PO BOX 186
CAGUAS, PR 00726-0186

US Bankruptcy Court District of P.R.
Jose V Toledo Fed Bldg & US Courthouse
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

DEPARTMENT OF TREASURY
BANKRUPTCY SECTION 424 B
PO BOX 9024140
SAN JUAN, PR 00902-4140

JOSE RAMON CARRION MORALES
PO BOX 9023884
SAN JUAN, PR 00902-3884

YADIRA RODRIGUEZ MURIEL
URB MONTE ELENA 208 HORTENCIA STREET
DORADO, PR 00646-5609

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

AEELA
PO Box 364508
San Juan, PR 00936-4508

End of Label Matrix
Mailable recipients 11
Bypassed recipients 0
Total 11